

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MAA 70023371

Date In: <u>21/02/2020 09:55</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/LPC2000300714</u>	SAS e-filing		
Veh No: <u>SLL181Z</u>	E-mail (Update 2hrs, AIC 2hrs)		
D.O.A: <u>21/02/2020 09:55</u>	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP <input type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Rank/cls: Vch No: <u>PC 5746T</u>	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$9000] ()	

Injury: _____

Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1: _____	
	*NI: Courtesy Car / Tpt Allowance \$5	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Wksp Coordination \$5	
	TP (Nil) : TP (Non INC) against 100 \$20	
	9) NI: Idau Mobile \$0	
	Invoice dated _____	Fee Charged _____
	Invoice dated _____	Fee Charged _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/02/2020 16:17
Date Of Accident	21/02/2020 09:55
Exact Location Of Accident	BLK 253 CHOA CHU KANG AVENUE 1 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1181Z
Insured/Policyholder	
Name Of Registered Owner	KHOO LOR NAM
NRIC No	SXXXX317Z
Email Address	GOMEZKHOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81131811
Alternative Phone No	OTHERS-92260912

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VP05025901
Cover Note Number	

Driver

Name of Driver	KHOO QI XIANG
NRIC No	SXXXX555D
Date Of Birth	26/08/1993
Occupation	INDOOR
Date Of Driving Pass	08/03/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81131811
Fax Number	
Contact Number	OTHERS-92260912
EMail Address	GOMEZKHOO@GMAIL.COM

Address	BLK 439 CHOA CHU KANG AVENUE 4 #07-439
Postcode	680439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5746T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Kha
Policyholder's Signature
Date & Time:

A
Driver's Signature
(if driver is not the policyholder)
Date & Time:

21/02/2020
Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: W070112

SKETCH PLAN



A = SLL 1181Z

B = PC 5746 T

BLK 253

Choa Chu Kang Avenue 1

MSCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Klea
Policyholder's Signature
Date & Time:

Q
Driver's Signature
(If driver is not the policyholder)
Date & Time:

21/02/2020
Reporting Centre Personnel's Signature
Name: *Perdi*
NRIC/FIN No. *101010101*

On 21.02.2020 at about 09:55 hours at BLK253 Choa Chu Kang Avenue 1 MSCP. I was travelling at the above mentioned MSCP, when the front vehicle (B) slowed down and stopped hence I follow suit.

Suddenly vehicle (B) started to reverse without checking the traffic condition, I honked immediately but vehicle (B) didn't realised and collided onto front portion of my vehicle (A).

Vehicle (A): SLL 1181Z

Vehicle (B): PC 5746T

Q

Khu

aw 21/02/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/02/2020 Time: 09.55 (hh:mm) 24 hr format	
Location BLK 253 Choa Chu Kang Avenue 1 MSCP.	
Vehicle Number SLL11812	
Insured Name Khoo Lor Nam	
NRIC/FIN 815973172	Contact Number 8113 1811
Make Honda	Model Civic
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting	
Insurance Company Lompac	
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only	
Policy Number Z20VP05025901	
Name of Driver Khoo Qi Xiang	() Same as Insured
NRIC/FIN 89333555D	Contact Number 9226 0912
Date of Birth 26/03/1993	
Driving Pass Date 08/03/2017	
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor	
Gender (<input checked="" type="checkbox"/>) Male () Female	
Email Address gonzehoo@gmail.com	() NO EMAIL
Address of Driver BLK 439 Choa Chu Kang Avenue 4	
#07-439 Singapore 680439	
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No	
If No, Relationship of the Driver with the Insured	
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling	
Does the Driver Own Any Other Vehicle? () Yes () No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others	
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others	
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No	
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No	
If yes, injured detail	
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No	
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report	
DETAILS OF 3 rd party	Name / Nric Contact
Veh B PC 5746 T	
Veh C	
Veh D	
Veh E	
Veh F	

Driver Only.



LONPAC INSURANCE BHD (596FC5635C)

(Incorporated in Malaysia)

Singapore Office: 100 Beach Road #17-04/07, The Concourse, Singapore 189555

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate No.: Z20VP05025901

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA CIVIC 1.6
- SLL1181Z

2. Name of Policy Holder

KHOR LOR NAM

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

16/02/2020

4. Date of Expiry of the Insurance

15/02/2021

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess

\$5 500.00 (SECTION 1) INSURED / NAMED DRIVERS

\$5 150.00 (SECTION 1) UNNAMED DRIVERS

\$5 300.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

\$5 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore

CHIEF EXECUTIVE
(Singapore Branch)

User ID: ZJIN51

Date Issued: 31/01/2020